PTO/SB/06 (08-03)
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CLAIMS AS AMENDED - PART II												
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This collection of information is required by 37 CFR 1 16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

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CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL EN	ITITY	OR	OTHER SMALL			
TOTAL CLAIMS						RATE	FEE		RATE	- FEE	•			
FOR NUMBER FILED			ILED	NUMBI	ER EXTRA		Basic FEE	-355.96 -355.96	OR	BASIC FEE	710.00			
TOTAL CHARGEABLE CLAIMS / 9 minus 20=			•		,	X\$ 9=	•	OR	X\$18=					
INDEPENDENT CLAIMS 2 minus 3 =				•			X40=		OR	X80= ·	·			
MULTIPLE DEPENDENT CLAIM PRESENT								+135=	135	OŘ	+270=			
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	565	QЯ	TOTAL	·		
10/4/03 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column						(Column 3)		SMALL E	ENTITY	OR	OTHER SMALL		·	
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AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BEA DUSLY .	PRESENT EXTRA	ŀ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
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9	127,104	(Column 1)	- Hotel and a crossed to the	(Colur		(Column 3)	<u> </u>		•					
NT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
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IME	Independent	. 3	Minus		3	-	1	X40=		OR	X80=	·		
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• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.														
	If the Wishast No	mber Provincety F	Paid For IN TH	IS SPACE	le less th	an 3. enter "3."		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,	ADDIT. FEE lumn 1.			
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											j			